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City of Long Beach



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Parks and Recreation Department

LONG BEACH RECREATION IN COOPERATION WITH CROSSFIT ISLAND PARK

*For boys and girls in grades Pre-K through Grade 8
First come, first served.*

This class will be held at CrossFit Island Park located at 4454 Austin Blvd. in Island Park.

_____ 2:00 p.m. – 2:45 p.m. for Pre-K & Kindergarten – Max 12 participants
_____ 3:00 p.m. – 3:45 p.m. for grades 1 & 2 – Max 15 participants
_____ 4:15 p.m. – 5:00 p.m. for grades 3 & 4 – Max 18 participants
_____ 5:15 p.m. – 6:00 p.m. for grades 5 through 8 – Max 20 participants

Schedule of Classes:

| | September | October | November |
|---------|-----------|-------------|-----------------|
| Sundays | 27 | 4 – 18 – 25 | 1 – 8 – 15 – 22 |

Class description: CrossFit Kids is a strength and conditioning program designed specifically for children and teenagers with the goal of developing a lifelong love of fitness and health while creating a broad athletic base that will carry over into all sports, recreation, and activities of daily living. CrossFit Kids combines the elements of general physical preparedness with game-like activities. The workouts are constantly varied so every class consists of new and exciting activities. All workouts are scaled to the skill level of each child and are taught by a certified CrossFit Kids trainer.

REGISTRATION: Long Beach Recreation Center
700 Magnolia Blvd
(516) 431-3890

FEE: \$120.00 for Eight (8) Week Program
*Make checks payable to **CrossFit Island Park**, Cash also accepted.*

CrossFit Fall 2015

**Put Telephone # on check

NAME _____ GRADE _____ SEX _____

STREET _____ CITY _____

PHONE _____ E-MAIL _____

PARENT NAME _____ SCHOOL ATTENDING _____

I understand that there will be no refunds for this program. **Parent Signature** _____

For Rec Use Only:

Receipt # _____ Amt Pd. _____ Date _____ Staff _____ Posted _____

Fall 2015 CrossFit Class

EMERGENCY MEDICAL INFORMATION

(Please print clearly)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CHILD NAME _____ HOME PHONE # _____

AGE _____ SEX _____ BIRTH DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PARENT NAME _____

IN AN EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP (to above) _____

1. HAS THE APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). _____

2. WILL THE APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). _____

3. DOES THE APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY ABOUT WHICH THE INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR EMERGENCY PURPOSES? (if YES, please explain:) _____

I, the parent or guardian of the below named child, give permission and approval for his/her participation in the Long Beach Parks and Recreation Department's Cross Fit Island Park Program. I fully understand that my child must abide by all the Rules and Regulations set forth by the Parks and Recreation Department and further agree to explain to my child the Codes of Conduct set forth by the Long Beach Parks and Recreation Department. I also agree to follow those rules that apply to me as a parent and spectator. The Codes of Conduct can be found on the web at www.longbeachny.gov/rec. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which my child may appear while participating in Parks and Recreation programs and grant permission for publication or use of those images.

Parent's Signature

Date